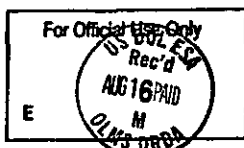


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>8882</u>	2 Fiscal Year Covered From. <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Robert</u> <u>P</u> <u>Klein</u> P O Box Bldg Room No if any <u>Suite 500</u> Street <u>5726 Marlin Road</u> City <u>Chattanooga,</u> State <u>TN</u> ZIP Code + 4 <u>37411</u>	4 Name file number and address of labor organization. Name <u>IBEW</u> Labor Organization File Number <u>11-000-16</u> <u>008116</u> P O Box Building and Room Number if any Street <u>900 7th Street, NW</u> City <u>Washington</u> State <u>DC</u> ZIP Code + 4 <u>20001</u>
5 Position in labor organization. <u>International Vice President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any). Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7.a Nature of Interest Transaction or Income.           7.b Amount.           

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>[Signature]</u>	On <u>8/11/05</u> Date	<u>                    </u> Telephone Number

Name of Person Filing

Robert P Klein

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Palm Springs Riviera Resort  
Trade Name if any   
P O Box, Bldg Room No., if any   
Street 1600 N Indian Canyon Drive  
City Palm Springs  
State CA ZIP Code + 4 92262

## 9 Business deals with.

- ☒ a Labor Organization  
☐ b Trust  
☐ c Employer

## 10 If 9.b or 9.c. is checked give trust or employer's name

Name   
Trade Name if any   
P O Box Bldg Room No. if any   
Street   
City   
State  ZIP Code + 4

## 11 a Nature of such dealing

Hotel was site of 2004 IBEW  
Utility Conference

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Received Cheese/Fruit Basket  
& Bottled Waters

## 12.b Amount.

\$42.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13.a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name   
Trade Name if any   
P O Box, Bldg Room No. if any   
Street   
City   
State  ZIP Code + 4

## 14.a. Nature of payment.

13.b Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b Amount of payment.